



This form is to be used for the following payroll deduction request exceptions that cannot be made in Workday.

- Declare final pay deduction
- Request one-time deduction due to special pay situations (comp time, settlement, bonus, etc.)

Personal Information	<div>Last name _____ First name _____ M.I. _____ Social Security # _____ Last 4 digits only _____</div>																		
Effective Date	<p>Contact your Human Resources Associate (HRA) to determine available amount.</p> <div><input type="checkbox"/> Final check Date of last day worked: _____ (MM/DD/YYYY) Date of last check: _____ (MM/DD/YYYY)</div> <div><input type="checkbox"/> 1 check Date of check to be affected: _____ (MM/DD/YYYY)</div>																		
457 Payroll Deduction Election	<p>The combined amount of all 457 pretax and Roth contributions in a tax year is limited to the IRS annually declared maximum contribution limits (see https://das.iowa.gov/RIC/SOI/contributions).</p> <table><thead><tr><th></th><th>AIG</th><th>Empower*</th><th>Horace Mann</th><th>Voya</th></tr></thead><tbody><tr><td>Deduction Amount</td><td>Pretax \$ _____</td><td>Pretax \$ _____</td><td>Pretax \$ _____</td><td>Pretax \$ _____</td></tr><tr><td></td><td>Roth \$ _____</td><td>Roth \$ _____</td><td>Roth \$ _____</td><td>Roth \$ _____</td></tr></tbody></table>					AIG	Empower*	Horace Mann	Voya	Deduction Amount	Pretax \$ _____	Pretax \$ _____	Pretax \$ _____	Pretax \$ _____		Roth \$ _____	Roth \$ _____	Roth \$ _____	Roth \$ _____
	AIG	Empower*	Horace Mann	Voya															
Deduction Amount	Pretax \$ _____	Pretax \$ _____	Pretax \$ _____	Pretax \$ _____															
	Roth \$ _____	Roth \$ _____	Roth \$ _____	Roth \$ _____															

Authorization

I authorize my employer to process this request. I have access and agree to the terms and conditions of the Iowa Retirement Investors' Club (RIC) as disclosed in the Plan Document. I have established 457 and 401a accounts with a RIC provider. I understand that the total of all 457 contributions made in the calendar year must not exceed the federal limits as required by the Internal Revenue Code section 457. I understand that withdrawals may only be made upon termination of employment or qualification for an in-service distribution.

Employee ID# (acts as signature) OR X _____
Participant Signature Date

Submit Form	Email: ric@iowa.gov Fax: 515-281-5102 Mail: DAS-HRE ▪ Attn: RIC ▪ 1305 E Walnut ▪ Des Moines, IA 50319
--------------------	--

Office Use Only	Payroll Office	RIC Use Only
	Date Received: _____	Date Pended: _____
	Paycheck Effective Date: _____	Entered: _____
	Name: _____	Checked: _____

*Formerly MassMutual Retirement